

Prison Health Services  
Inmate Informal Grievance

RECEIVED  
5/4/05

Jeffery Gould 140977 D-2-41 5-4-05  
NAME AIS# UNIT DATE

PART A--Inmate Complainant

I HAVE HEPATITIS C AND I AM FORMALLY REQUESTING  
TREATMENT. OF WHICH I'VE BEEN DENIED SIMPLY  
SAID YOUR STAFF INFORMED ME I AM NOT HEALTHY ENOUGH  
IS WHAT DOCTOR MACARTHY SAID. EVEN THOUGH I FIT THE  
CRITERIA! I AM WILLING TO SIGN A WAIVER SO I CAN RECEIVE  
THIS MEDICATION; OR EVEN PAY FOR FREEWORLD HOSPITAL  
TREATMENTS. I NEED THIS TREATMENT. I THINK I AM HEALTHY  
ENOUGH; IF NOT APPROVED I FORMALLY REQUEST TO KNOW  
WHY IN WRITING

Jeffrey Gould  
INMATE SIGNATURE

PART B-RESPONSE

DATE RECEIVED \_\_\_\_\_

CBM/HSG  
See grievance form attached  
See Attached grievance form.

Brian HSA  
MEDICAL STAFF SIGNATURE

5/10/05  
DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Prison Health Services  
Inmate Informal GrievanceRECEIVED  
RECD

Jeff Gould 140977 D-2-4r 4-26-05  
 NAME AIS # UNIT DATE

**PART A--Inmate Complainant**

I HAVE HEPATITIS C! I HAVE REQUESTED TREATMENT OF WHICH I NEED & WANT. OTHER PEOPLE HERE ARE RECEIVING SAID TREATMENT. I THINK I AM BEING DISCRIMINATED BECAUSE MY BLOOD IS HARD TO OBTAIN.

INMATE SIGNATURE

**PART B--RESPONSE**

DATE RECEIVED \_\_\_\_\_

See attached grievance form.

MEDICAL STAFF SIGNATURE

DATE

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V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED  
RSPPrison Health Services  
Inmate Informal Grievance

Jeffery Gould 140977 D-2-47 5-4-05

NAME AIS# UNIT DATE

PART A—Inmate Complainant

I have Hepatitis C AND I AM Formally Requesting  
TREATMENT, of which I've BEEN DENIED SIMPLY  
Said your STAFF informed ME I AM NOT Healthy enough  
is what Doctor MACARTHUR SAID. EVEN Though I Fit The  
CRITERIA! I AM willing to SIGN A WAVER SO I CAN RECEIVE  
THIS MEDICATION, OR EVEN PAY for freeWorld Hospital  
TREATMENTS I NEED AND WANT TREATMENT; I THINK I AM  
Healthy enough; if Not Approved I Formally REQUEST to KNOW  
why in writing

Jeffrey Gould  
INMATE SIGNATUREPART B—RESPONSEDATE RECEIVED

You do not qualify for treatment  
because you do not meet medical CRITERIA.

Craig W. HSEA  
MEDICAL STAFF SIGNATURE5/10/05

DATE

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EXHIBIT "B"

Prison Health Services  
Inmate Informal GrievanceRECEIVED  
S-17

SHA TW

Jeffery Gould 140977 D-2-4T 5-16-05

NAME AIS# UNIT DATE

## PART A--Inmate Complainant

I AM formally Requesting TREATMENT for Hepatitis C!  
of which I Acquired HERE AND AT STATION! I HAVE filed 5 informal

GRIEVANCES without RECEIVED REPLY'S IN WRITING! I NEED THIS  
TREATMENT. HAVE MET THE CRITERIA TO HAVE TREATMENT. AT THIS  
POINT I AM formally SEEKING TREATMENT. OR A WRITTEN REASON WHY

I AM NOT. WHILE OTHER INMATES ARE RECEIVING SAID TREATMENT  
I THINK I AM being DISCRIMINATED AGAINST BECAUSE MY BLOOD  
IS HARD TO OBTAIN. I NEED A REPLY IN WRITING FOR MY RECORDS  
AND SO I MIGHT BE ABLE TO UNDERSTAND! AND I NEED A formal  
GRIEVANCE TO REPLY WITH

Jeffery Gould

INMATE SIGNATURE

## PART B -RESPONSE

## DATE RECEIVED

Your grievance have been answered and returned  
by Lt. Robinson. As stated previously, you are not  
able to medically qualify due to your low  
platelet count.

Barbara Fisk

MEDICAL STAFF SIGNATURE

5/16/05

DATE

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form to the Health Service Administrator.

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